



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711

Richard W. Moore
Acting Director



Michael L. Parson
Governor

February 3, 2022

**Standing Order to Administer ACON Flowflex COVID-19 Antigen Home Test
To Home and Community Based Services Providers**

Purpose

To enable Home and Community Based Services (HCBS) providers, enrolled in MO HealthNet pursuant to 13 CSR 70-3, as well as private pay HCBS providers operating in the State of Missouri, the opportunity to test symptomatic or asymptomatic individuals in an effort to increase testing options available to the community through the use of the ACON Flowflex COVID-19 Antigen Home Test.

The ACON Flowflex COVID-19 Antigen Home Test may be used to test symptomatic individuals or asymptomatic individuals considered a close contact of an individual with SARS-CoV-2, and who has remained in quarantine for a minimum of seven full days without symptoms of SARS-CoV-2. Symptoms are a new cough, difficulty breathing, loss of taste or smell, fever ($\geq 100.4^{\circ}\text{F}$), congestion/runny nose, nausea/vomiting/diarrhea, sore throat, headache, and myalgia.

Policy

This standing order authorizes any Registered Professional Nurse or Licensed Practical Nurse who is licensed by the Missouri State Board of Nursing or has a privilege to practice in the State of Missouri from another compact state to test individuals in Missouri with the ACON Flowflex COVID-19 Antigen Home Test. After receiving documented training, the designee of any aforementioned RN or LPN may also administer this test.

Procedure

1. Evaluate individuals with the above criteria for symptoms of COVID-19 in the past seven days
2. Calculate the number of days of quarantine to assure that testing on an asymptomatic individual is on or after seven full days of quarantine
3. Provide Flowflex Fact Sheet For Patients
4. Offer opportunity for questions
5. Ensure permission has been obtained
6. Administer the test pursuant to the Product Insert and Procedure Card
7. Document
 - a. Date, time, location of test
 - b. Name, title, and professional license number of person administering the test
 - c. Name of test and manufacturer lot and number
 - d. Results of the test
 - e. Presenting symptoms
 - f. Verification of signed consent form
8. Submit the required data and all test results via secure file transfer protocol in accordance with the procedure specified by the Missouri Department of Health and Senior Services (DHSS) within twenty-four hours of each test's administration.

www.health.mo.gov


Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

9. Immediately notify the individual tested of his or her result and implement appropriate control measures accordingly.

This order and procedure shall remain in effect until rescinded or until December 31, 2022.

A handwritten signature in black ink, appearing to read 'George Turabelidze', is written over a horizontal line.

George Turabelidze, MD